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AHDC Email Network – Data, News, Articles and Policies Related to Health Disparities  
May 12 – 18, 2011

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#### **1) DHHS offers new tools to help states lower Medicaid costs, provide better care**

The U.S. Department of Health and Human Services (DHHS) announced a series of initiatives to work with states to save money and better coordinate care for the 9 million Americans enrolled in both Medicare and Medicaid. The new initiatives include better access to Medicare data and better coordination of health care between Medicare and Medicaid. The initiatives will be led by the new Federal Coordinated Health Care Office (the Medicare-Medicaid Coordination Office), which was created by the Affordable Care Act to help make the two programs work together more effectively to improve patient care and lower costs. The Medicare-Medicaid Coordination Office today launched the Alignment Initiative, an effort to more effectively integrate benefits under the two programs. Currently, low-income seniors and people with disabilities must navigate two separate programs: Medicare for coverage of basic acute health care services and drugs, and Medicaid for coverage of supplemental benefits such as long-term care supports and services. Medicaid also provides help with Medicare premiums and cost-sharing for those who need additional assistance.

[www.cms.gov/CMCSBulletins/CMCSB/list.asp#TopOfPage](http://www.cms.gov/CMCSBulletins/CMCSB/list.asp#TopOfPage)  
[www.cms.gov/medicare-medicaid-coordination/](http://www.cms.gov/medicare-medicaid-coordination/)

#### **2) Collecting and using race, ethnicity and language data in ambulatory settings**

The Commission to End Health Care Disparities just released a report focusing on demographic data collection in ambulatory settings. It includes key reasons to collect demographic data in ambulatory settings, a sample script for front desk staff, and a number of recommendations for EMR vendors to facilitate data collection and use.

[www.ama-assn.org/go/commission](http://www.ama-assn.org/go/commission)  
<http://www.ama-assn.org/resources/doc/public-health/cehcd-redata.pdf>

### **3) Study Shows That Women Fare Worse Than Men When It Comes to Treatment of Heart Disease**

A study released by HealthGrades, the nation's leading, independent source of physician information and hospital quality ratings, found notable disparities in the treatment and outcomes of male and female patients at U.S. hospitals. The most significant differences identified were in the area of cardiovascular care, with only one-third of female heart attack patients receiving life-saving surgical interventions compared to nearly half of male patients. Of those women who did undergo heart surgery or angioplasty, HealthGrades found a 30% higher death rate compared to men.

[http://www.diabetesincontrol.com/index.php?option=com\\_content&view=article&id=10889&catid=1&Itemid=17](http://www.diabetesincontrol.com/index.php?option=com_content&view=article&id=10889&catid=1&Itemid=17)

### **4) Change in U.S. Census Classification**

American Anthropological Association experts on Language and Social Justice from the Committee for Human Rights and Society for Linguistic Anthropology have been working with the U.S. Census Bureau for several years to spur terminology change in the tabulation of household language data. Through extensive communication with the U.S. Census Bureau and with the support of the Census Advisory Committee on the Hispanic Population, the U.S. Census Bureau agreed to eliminate the phrase "linguistic isolation" from its products issued starting in 2011.

<http://www.aaanet.org/issues/press/upload/U-S-Census-Bureau.pdf>